

Case Number:	CM14-0122909		
Date Assigned:	08/08/2014	Date of Injury:	06/07/2013
Decision Date:	09/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 06/07/2013 due to an unknown mechanism of injury. The injured worker underwent an electrodiagnostic study on 08/13/2013 that concluded there was electrodiagnostic evidence of mild right carpal tunnel syndrome and no electrodiagnostic evidence of ulnar neuropathy, brachial plexopathy, or cervical radiculopathy. The injured worker's treatment history included physical therapy. The injured worker was evaluated on 08/13/2014. However, no physical findings were provided for that examination. No medications were listed for the injured worker. The injured worker's diagnoses included carpal tunnel syndrome. The Request for Authorization or justification was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: A right carpal tunnel release is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends carpal tunnel release for injured workers who have significant functional limitations identified on clinical examination corroborated by an electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has failed to respond to physical therapy. However, there is no documentation of immobilization or injections to support that the injured worker has failed all nonoperative treatments prior to surgical intervention. Furthermore, the clinical documentation does not provide a physical evaluation to support the need for surgical intervention. The injured worker does have an electrodiagnostic study that indicates there is mild right sided carpal tunnel syndrome. However, there is no indication for surgical intervention. As such, the requested right carpal tunnel release is not medically necessary or appropriate.